

STATE OF MONTANA

APPLICATION of REINSTATEMENT
or REVIVER
DOMESTIC or FOREIGN CORPORATION



MAIL: **BRAD JOHNSON**
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801

PHONE: (406)444-3665
FAX: (406)444-3976
WEB SITE: *sos.mt.gov*

This is the minimum information required.
(This space for use by the Secretary of State only)

Filing Fee: Varies (see below)

☐ Priority Filing Add \$20.00

PLEASE CHECK ONE BOX:

- ☐ Domestic Reviver (15-31-524, MCA) \$15.00
☐ Foreign Reviver (15-31-524, MCA) \$15.00
☐ Domestic Reinstatement (35-6-201, MCA) \$30.00
☐ Non-Profit Reinstatement (35-6-201) \$10.00

1. The exact name of the corporation is: _____
2. The assets of the corporation have not been liquidated pursuant to Sections 35-1-938 through 35-1-943, MCA, if a profit corporation, or Sections 35-2-726 through 35-2-727, MCA, if a nonprofit corporation.
3. Not less than a majority of its directors have authorized this Application of Reinstatement/Reviver.
4. If the corporate name has been legally acquired by another corporation prior to its Application for Reinstatement, the corporation desires to be reinstated with the new name of: _____

Please Note: It is not necessary to complete this unless your name has been taken by another entity.

5. **For Domestic or Foreign Reviver, the corporation submits with this application a Certificate of Reinstatement of Suspended Corporation obtained from the Department of Revenue evidencing payment of delinquent taxes.**
6. **For Domestic Reinstatement, the corporation submits a certificate from the Department of Revenue stating that all taxes imposed pursuant to Title 15 have been paid as well as the delinquent annual corporation reports for which the corporation was dissolved, with their respective filing fees.**

I, HEREBY SWEAR AND AFFIRM, under penalty of law, that the facts contained in this Application are true.

Date of Application

Signature of Officer or Chair of the Board

Exact Name and Title of Authorized Person

Application of Reinstatement or Reviver Domestic or Foreign

HELP SHEET

This form is to be used to revive any corporation having suffered a suspension or forfeiture or to reinstate any dissolved corporation, restoring its right to transact business in Montana.

Application for reviver is to be made by any stockholder or creditor of the corporation or by a majority of the surviving trustees or directors less than one year from the date of suspension or forfeiture. If more than a year elapses before an application for reviver is submitted, the corporation shall pay twice the amount of the tax and penalties due the state for the taxable year for which they were delinquent.

For reinstatement, this form is to be completed by a person who was an officer or director of the corporation at the time of its dissolution not more than five years after the dissolution.

You may request priority filing of your document. Simply mark the "priority filing" box and include an **additional** \$20.00 with your filing fee.

Please type or clearly print the requested information.

Upon completion, mail this form with ORIGINAL SIGNATURE, and the correct filing fee to the Secretary of State, PO Box 202801, Helena, MT 59620-2801. **Make checks payable to Secretary of State.**

The Secretary of State will send a letter of acknowledgment to you once your document has been filed with our office.

If you have any questions regarding this form, please contact the Secretary of State, Business Services Bureau at (406) 444-3665.

- ❖ **All information provided, including names and addresses of officers and directors, will be made available on the Secretary of State's web site or upon request.**
- ❖ **There are important legal and accounting implications with respect to this corporation action. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office encourages that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.**
- ❖ **Please be advised that the Business Services Bureau of the Montana Secretary of State will process your business documents within 10 working days of initial receipt. During this period if it's determined that your document doesn't meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter. If the document is complete and correct, the document will be filed and an acknowledgment copy showing completion returned to the original submitter.**